

# Department of State Police

## EMPLOYEE TRAVEL/TRAINING REIMBURSEMENT VOUCHER INPUT FORM

<b>NAME:</b>	<b>EMPLOYEE (HR/CMS) NUMBER:</b>	
<b>TRAVEL AUTHORIZATION NUMBER</b> (if applicable) T -                    -	<b>DATE:</b>	<b>BUD FY:</b>

<b>DATES OF TRAVEL/TRAINING AND BRIEF DESCRIPTION:</b>
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<b>AIRFARE</b> \$	<b>B01</b>	<b>CONFERENCE, TRAINING &amp; REGISTRATION FEES</b> \$	<b>B05</b>
<b>HOTEL/LODGING (OUT OF STATE TRAVEL)</b> \$	<b>B01</b>	<b>MEMBERSHIP DUES &amp; LICENSING FEES"</b> \$	<b>B05</b>
<b>OUT OF STATE TRAVEL – OTHER EXPENSES</b> (Per diem Meals, Rental Car, Fuel, etc.) \$	<b>B01</b>	<b>EXIGENT JOB-RELATED EXPENSES</b> (must have prior written authorization) Reimbursements must be less than \$100.00 \$	<b>B10</b>
<b>IN-STATE TRAVEL" i.e. Mileage</b> \$	<b>B02</b>	<b>OVERTIME MEALS</b> (must have prior written authorization) \$	<b>B03</b>

<b>DOCUMENT TOTAL: \$</b>
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***\*\*Please attach all necessary receipts and backup paperwork\*\****

<b>TRAVELER'S CERTIFICATION:</b> I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Commonwealth and conform fully with travel rules and regulations:	
<b>SIGNATURE:</b>	<b>Date:</b>

Supervisor's Signature:	Title:	Date:
Entered by:	Title:	Date:

Excellence In Service Through Quality Policing